

Non-Institutional Edit Requirements

Element Name: NAS Exception Reason (2-180)

Validity Edits

2-180-01 VALUE MUST BE IN RANGE 1 - 9, A - Q OR BLANK

Relational Edits

	Related to Element	Edited Element Relationship	Also Relates to Element(s)
2-110-03R	NAS NUMBER		
	PATIENT ZIP CODE	SEE BELOW	SPONSOR BRANCH OF SERVICE, TYPE OF SERVICE, DENIAL REASON CODE, NAS NUMBER, BEGIN DATE OF CARE, PROGRAM INDICATOR
	SPECIAL PROCESSING CODE	SEE BELOW	PATIENT ZIP CODE, TYPE OF SERVICE, BEGIN DATE OF CARE
	PROGRAM INDICATOR	SEE BELOW	

Edited Element Relationship

NO ERROR IF SPECIAL PROCESSING CODE = MS MEDICARE SUBVENTION/TRICARE-SENIOR PRIME
BYPASS ALL NAS EXCEPTION REASON EDITING.

2-180-02R IF PATIENT ZIP CODE IS **NOT** IN A CATCHMENT AREA¹
NAS EXCEPTION REASON MUST = BLANK
UNLESS SPECIAL PROCESSING CODE = 'ST'.

2-180-04R IF BEGINNING DATE OF CARE ≥ 9/23/96
AND

ENROLLMENT STATUS	E	MANAGED CARE SUPPORT TRICARE TIDEWATER PRIME
	O	NEW ORLEANS PRIME
	H	MANAGED CARE SUPPORT HOMESTEAD ENROLLED PATIENT
	K	MANAGED CARE SUPPORT CALIFORNIA/ HAWAII, TRICARE PRIME ENROLLED PATIENT
	U	MANAGED CARE SUPPORT PRIME, CIVILIAN PCM
	Z	MANAGED CARE SUPPORT PRIME, MTF/ PCM

EXIT.

IF PATIENT ZIP CODE IS IN A CATCHMENT AREA¹ AND NAS NUMBER IS NOT CODED AND

TYPE OF SERVICE (FIRST BYTE) I INPATIENT

M MATERNITY

NAS EXCEPTION REASON MUST BE CODED

¹ FOR INTERIM BILLS CATCHMENT AREA DETERMINATION IS BASED ON EARLIEST CARE BEGIN DATE.

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Element Name: NAS Exception Reason (2-180) (Continued)

UNLESS

SPONSOR BRANCH OF SERVICE	C	CHAMPVA
SPECIAL PROCESSING CODE	B	EXTERNAL PARTNERSHIP PROVIDER WITH SIGNED AGREEMENT
	C	EXTERNAL PARTNERSHIP PROVIDER WITHOUT SIGNED AGREEMENT
	S	RESOURCE SHARING
	ST	SPECIALIZED TREATMENT
OR ANY OCCURRENCE OF DENIAL REASON CODE	9	NON-AVAILABILITY STATEMENT NOT PROVIDED
	2	INELIGIBLE CLAIMANT
	A	DEERS
	N	MULTIPLE DENIAL REASONS

OR ANY OCCURRENCE OF OVERRIDE CODE = 9
(FORMER SPOUSE WITH PRE-EXISTING CONDITION).

OR PROGRAM INDICATOR	H	PROGRAM FOR PERSONS WITH DISABILITIES
OR HEALTH CARE PLAN CODE	11	MCS FORT BRAGG DEMO

IN WHICH CASE NAS EXCEPTION REASON MUST BE BLANK

2-180-05R IF BEGINNING DATE OF CARE ≥ 9/23/96
AND

ENROLLMENT STATUS	E	MANAGED CARE SUPPORT TRICARE TIDEWATER PRIME
	O	NEW ORLEANS PRIME
	H	MANAGED CARE SUPPORT HOMESTEAD ENROLLED PATIENT
	K	MANAGED CARE SUPPORT CALIFORNIA/HAWAII, TRICARE PRIME ENROLLED PATIENT
	U	MANAGED CARE SUPPORT PRIME, CIVILIAN PCM
	Z	MANAGED CARE SUPPORT PRIME, MTF/PCM

EXT.

2-180-05R IF ANY SPECIAL PROCESSING CODE =

3	DEMONSTRATION
4	
6	
9	
E	

AND

TYPE OF SERVICE	I	
	M	FIRST BYTE

AND

PATIENT ZIP CODE IS IN A CATCHMENT AREA¹.

NAS EXCEPTION REASON MUST =	9	DEMONSTRATION
UNLESS HEALTH CARE PLAN CODE	11	MCS - FORT BRAGG DEMO
IF ANY SPECIAL PROCESSING CODE =	5	LIVER/HEART TRANSPLANT
	7	

AND

TYPE OF SERVICE	I	
	M	FIRST BYTE

AND

PATIENT ZIP CODE IS IN A CATCHMENT AREA

¹ FOR INTERIM BILLS CATCHMENT AREA DETERMINATION IS BASED ON EARLIEST CARE BEGIN DATE.

Non-Institutional Edit Requirements

Element Name: NAS Exception Reason (2-180) (Continued)

NAS EXCEPTION REASON MUST = 8 HEART/LIVER TRANSPLANT
 UNLESS HEALTH CARE PLAN CODE 11 MCS - FORT BRAGG DEMO
 IF ANY SPECIAL PROCESSING CODE A PARTNERSHIP PROGRAM, INTERNAL PROVIDERS WITH SIGNED AGREEMENTS
 B PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITH SIGNED AGREEMENTS
 C PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITHOUT SIGNED AGREEMENTS
 # HOSPICE
 O HOSPICE NON-AFFILIATED PROVIDER

AND

TYPE OF SERVICE (FIRST BYTE) = I **OR** M AND PATIENT ZIP CODE IS IN A CATCHMENT AREA¹

NAS EXCEPTION REASON MUST 6 PARTNERSHIPS
 1 ENROLLMENT IN OHI WHICH IS PRIMARY COVERAGE
 2 EMERGENCY MEDICAL TREATMENT
 L HOSPICE
 UNLESS HEALTH CARE PLAN CODE 11 MCS - FORT BRAGG DEMO
 IF ANY SPECIAL PROCESSING CODE A PARTNERSHIP PROGRAM, INTERNAL PROVIDERS WITH SIGNED AGREEMENTS
 B PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITH SIGNED AGREEMENTS
 C PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITHOUT SIGNED AGREEMENTS
 O CHARLESTON NAVAL HOSPITAL CAMCHAS MTF SERVICES
 S RESOURCE SHARING
 # HOSPICE
 O HOSPICE NON-AFFILIATED PROVIDER
AND
 TYPE OF SERVICE A
 C FIRST BYTE
 O
 N

AND

BEGIN DATE OF CARE ≥ 11/1/91

AND

PROCEDURE CODE = (ONE OF THE APPLICABLE, i.e., CODE BASED ON DATE OF SERVICE)
 PROCEDURE CODES LISTED IN THE ADP MANUAL, CHAPTER 6, ADDENDUM A,
 FIGURE 6-A-2A, FIGURE 6-A-2A, FIGURE 6-A-2C, and FIGURE 6-A-2D.

NAS EXCEPTION REASON MUST 6 PARTNERSHIPS/RESOURCE SHARING
 1 ENROLLMENT IN OHI WHICH IS PRIMARY COVERAGE
 2 EMERGENCY MEDICAL TREATMENT
 I TRICARE-TIDEWATER DRUG CLAIM
 J TRICARE-TIDEWATER PREVENTATIVE CARE CLAIM
 L HOSPICE

¹ FOR INTERIM BILLS CATCHMENT AREA DETERMINATION IS BASED ON EARLIEST CARE BEGIN DATE.

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Element Name: NAS Exception Reason (2-180) (Continued)

IF ANY SPECIAL PROCESSING CODE AD ACTIVE DUTY CLAIMS
=

AND PATIENT ZIP CODE IS IN A CATCHMENT AREA

NAS EXCEPTION REASON MUST = Q ACTIVE DUTY CLAIMS
UNLESS HEALTH CARE PLAN CODE 11 MCS - FORT BRAGG DEMO

2-180-06R IF PROGRAM INDICATOR H PFPWD
D DRUGS
T DENTAL

NAS EXCEPTION REASON CANNOT = 'A'.

2-180-07R IF PATIENT ZIP CODE IS IN A CATCHMENT AREA¹ AND NAS NUMBER IS NOT CODED

TYPE OF SERVICE A FIRST BYTE
C
O
N

AND
BEGIN DATE OF CARE ≥ 11/1/91 AND < 9/23/966

AND
PROCEDURE CODE = (ONE OF THE APPLICABLE I.E., CODE BASED ON DATE OF SERVICE)
PROCEDURE CODES LISTED IN THE ADP MANUAL, CHAPTER 6, ADDENDUM A,
FIGURE 6-A-2A, FIGURE 6-A-2A, FIGURE 6-A-2C, and FIGURE 6-A-2D.

NAS EXCEPTION REASON MUST BE CODED, UNLESS.

SPONSOR BRANCH OF SERVICE C CHAMPVA OR
HEALTH CARE PLAN CODE 11 MCS - FORT BRAGG DEMO

OR
ANY OCCURRENCE OF DENIAL 9 NONAVAILABILITY STATEMENT NOT PROVIDED
REASON CODE 2 INELIGIBLE CLAIMANT
A DEERS
N MULTIPLE DENIAL REASONS

OR
ANY OCCURRENCE OF OVERRIDE Q FORMER SPOUSE WITH PRE-EXISTING
CODE CONDITION

OR
PROGRAM INDICATOR H PROGRAM FOR PERSONS WITH DISABILITIES

OR
SPONSOR STATUS T NATO

IN WHICH CASE NAS NUMBER MUST BE = BLANK.

¹ FOR INTERIM BILLS CATCHMENT AREA DETERMINATION IS BASED ON EARLIEST CARE BEGIN DATE.

Non-Institutional Edit Requirements

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V. NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200-299)

Element Name: Reason for Adjustment (2-200)

Validity Edits

2-200-01 VALUE MUST BE A - F OR BLANK.

Relational Edits

	Related to Element	Edited Element Relationship	Also Relates to Element(s)
	TYPE OF SUBMISSION	SEE BELOW	
Edited Element Relationship			
2-200-02R	IF TYPE OF SUBMISSION	A, B, <u>OR</u> F	
	REASON FOR ADJUSTMENT MUST =	A - F	
	IF TYPE OF SUBMISSION	D, I, R, <u>OR</u> O	
	REASON FOR ADJUSTMENT MUST =	SPACE.	
	IF TYPE OF SUBMISSION	C <u>OR</u> E	
	REASON FOR ADJUSTMENT MUST	D - F.	

Non-Institutional Edit Requirements**Element Name: Special Processing Code (2-202)****Validity Edits**

- 2-202-01, OCCURRENCE NUMBER 1
- 2-202-02, OCCURRENCE NUMBER 2
- 2-202-03, OCCURRENCE NUMBER 3
VALUE MUST BE IN RANGE 0 - 9, BLANK, A, B, C, E THROUGH O, Q THROUGH Z, !, @, #, \$
&, %, ?, PO, *, BD, AD, ST, OR MS.
- 2-202-04, A VALUE CANNOT BE CODED MORE THAN ONCE (EXCEPT BLANK).

Relational Edits

	Related to Element	Edited Element Relationship	Also Relates to Element(s)
2-140-14R,	NAS EXCEPTION REASON	SEE BELOW	PATIENT ZIP CODE
2-145-14R,	PATIENT COPAYMENT/ COINSURANCE		TYPE OF SERVICE, PROVIDER PARTICIPATION INDICATOR
AND			
2-145-15R	CONTRACTOR NUMBER	SEE BELOW	
2-235-06R	PROVIDER MAJOR SPECIALTY	SEE BELOW	
2-100-05R	PATIENT ZIP CODE		
	PROCEDURE CODE	SEE BELOW	
	SPONSOR STATUS	SEE BELOW	
	SPONSOR BRANCH OF SERVICE	SEE BELOW	
	PROGRAM INDICATOR	SEE BELOW	
	SPECIAL PROCESSING CODE (OCCURRENCES)	SEE BELOW	
	FILING DATE	SEE BELOW	
	PROVIDER STATE <u>OR</u> COUNTRY CODE	SEE BELOW	
	BEGIN DATE OF CARE	SEE BELOW	
	CONTRACTOR NUMBER	SEE BELOW	
	DENIAL REASON CODE	SEE BELOW	
	PATIENT RELATIONSHIP TO SPONSOR	SEE BELOW	

Non-Institutional Edit Requirements

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Element Name: Special Processing Code (2-202) (Continued)

	SPECIAL RATE CODE MUST =	R	AMBULATORY SURGERY FACILITY PAYMENT RATE
		S	DISCOUNTED AMBULATORY SURGERY FACILITY PAYMENT RATE
	OR		
	PRICE CODE MUST BE	C	AMBULATORY SURGERY - FACILITY PAYMENT RATE
		D	DISCOUNTED AMBULATORY SURGERY - FACILITY PAYMENT RATE
		E	AMBULATORY SURGERY - PAID AS BILLED
		P	CHAMPUS CLAIMCHECK-ADDED PROCEDURE, AMBULATORY SURGERY-FACILITY PAYMENT RATE
		Q	CHAMPUS CLAIMCHECK-ADDED PROCEDURE, DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE
		R	CHAMPUS CLAIMCHECK-ADDED PROCEDURE, AMBULATORY SURGERY-PAID AS BILLED
	AND AMOUNT ALLOWED > 0		
2-202-21R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE	PO	
	ENROLLMENT STATUS MUST =	U	MANAGED CARE SUPPORT - PRIME
		E	MCS - TRICARE - PRIME
		K	MCS - CA/HI ENROLLED
		O	NEW ORLEANS PRIME
	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE	AD	ACTIVE DUTY CLAIMS
	ENROLLMENT STATUS MUST =	W	ACTIVE DUTY - USA
		X	ACTIVE DUTY - EUROPE
2-202-22R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE	AD	ACTIVE DUTY
	PATIENT RELATIONSHIP TO SPONSOR MUST =	W	SPONSOR
	AND SPONSOR STATUS MUST =	A	ACTIVE DUTY
		B	RECALLED TO ACTIVE DUTY
		J	ACADEMY STUDENT/NAVY OCS
		N	NATIONAL GUARD
		Q	PRISONER/APPELLATE
		V	RESERVE
		T	FOREIGN MILITARY (NATO)

Non-Institutional Edit Requirements**Element Name: Special Processing Code (2-202) (Continued)**

- 2-202-23R** IF ((ANY OCCURANCE OF PROCEDURE CODE = 33010-37799, 92950-92996 AND
 BEGIN DATE OF CARE ≥ MARCH 1, 1997 AND
 PATIENT ZIP CODE IS IN EISENHOWER ARMY MEDICAL CENTER 200 MILE CATCHMENT
 AREA) OR
 (ANY OCCURANCE OF PROCEDURE CODE = 33400-33690, 92975-92996 AND
 BEGIN DATE OF CARE ≥ OCTOBER 1, 1997 AND
 PATIENT ZIP CODE IS IN KEESLER MEDICAL CENTER 200 MILE AREA))
 THEN ONE OCCURANCE OF SPECIAL PROCESSING CODE MUST = 'ST'.
- 2-202-24R** IF ANY OCCURANCE OF PROCEDURE CODE = 47133, 47135 OR 47136
 AND BEGIN DATE OF CARE ≥ MARCH 1, 1997
 AND PATIENT ZIP CODE IS IN THE 48 CONTIGUOUS UNITED STATES AND THE DISTRICT
 OF COLUMBIA
 THEN ONE OCCURANCE OF SPECIAL PROCESSING CODE MUST = 'ST' UNLESS NAS
 EXCEPTION REASON = O OR K.
- 2-202-25R** IF ANY OCCURANCE OF PROCEDURE CODE = 33010-36414, 36416-37799
 AND BEGIN DATE OF CARE ≥ OCTOBER 1, 1997
 AND PATIENT ZIP CODE IS IN THE WALTER REED ARMY MEDICAL CENTER (WRAMC)
OR THE NATIONAL NAVAL MEDICAL CENTER (NNMC) 200 MILE AREA
 THEN ONE OCCURANCE OF SPECIAL PROCESSING CODE MUST = 'ST'
- 2-202-26R** IF ANY OCCURANCE OF PROCEDURE CODE = 'WR'
 CONTRACTOR NUMBER MUST = 07 (REGIONS 7 AND 8)
- 2-202-27R** IF ANY OCCURANCE OF SPECIAL
 PROCESSING CODE = MS MEDICARE SUBVENTION/TRICARE-SENIOR
 PRIME
THEN
 ENROLLMENT STATUS MUST = BB MEDICARE SUBVENTION/TRICARE-SENIOR
 PRIME

Non-Institutional Edit Requirements

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Element Name: **Claim Form Type (2-210)**

Validity Edits

2-210-01 VALUE MUST BE 'A' - 'J' IF FILING DATE \geq 10/1/93; OTHERWISE NO EDIT APPLIES.

Relational Edits

Related to Element	Edited Element Relationship	Also Relates to Element(s)
NONE		

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Non-Institutional Edit Requirements

Element Name: PCM Location DMIS-ID (2-211)

Validity Edits

2-211-01 MUST BE VALID DMIS CODE

Relational Edits

Related to Element	Edited Element Relationship	Also Relates to Element(s)
REGION CODE	SEE BELOW	
ENROLLMENT STATUS CODE	SEE BELOW	

Edited Element Relationship

2-211-02R IF BEGIN DATE OF CARE \geq 10/1/97

AND
IF ENROLLMENT STATUS CODE = "Z" OR "BB" (PRIME ENROLLEE WITH MTF/CLINIC PCM)
PCM LOCATION DMIS-ID MUST BE A VALID MTF/CLINIC DMIS-ID

OR
IF ENROLLMENT STATUS CODE = U (PRIME ENROLLEE WITH MCS CONTRACTOR NETWORK PCM)
PCM LOCATION DMIS-ID MUST BE BETWEEN 6901 AND 6912 FOR CONUS PRIMARY CARE MANAGERS, OR
PCM LOCATION DMIS-ID MUST BE BETWEEN 6913 AND 6915 FOR PRIMARY CARE MANAGER IN EUROPE.

OR
IF ENROLLMENT STATUS CODE **NOT** = "U", "Z", OR "BB" (INDICATING NON-PRIME BENEFICIARIES)
PCM LOCATION DMIS-ID MUST BE BLANK

2-211-03R **CONVERSELY,**

IF BEGIN DATE OF CARE \geq 10/1/97

AND
IF PCM LOCATION DMIS-ID = BLANK (FOR BENEFICIARY NOT ENROLLED IN PRIME)
ENROLLMENT STATUS CODE MUST **NOT** = "U", "Z", OR "BB".

OR
IF PCM LOCATION DMIS-ID = 6900 - 6912
ENROLLMENT STATUS CODE MUST = U.

OR
IF PCM LOCATION DMIS-ID = 6913 - 6915
ENROLLMENT STATUS CODE MUST = U.

OR
IF PCM LOCATION DMIS-ID = VALID MTF/CLINIC DMIS-ID
ENROLLMENT STATUS CODE MUST = "Z" OR "BB".

2-211-04R IF BEGIN DATE OF CARE \geq 10/1/97

Non-Institutional Edit Requirements

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Element Name: PCM Location DMIS-ID (2-211) (Continued)

AND

IF TIDEWATER PRIME ENROLLEE, AND
ENROLLMENT STATUS CODE = "U"
PCM LOCATION DMIS-ID MUST = 6501.

OR

IF TIDEWATER PRIME ENROLLEE, AND
ENROLLMENT STATUS CODE = "Z" OR "BB"
PCM LOCATION DMIS-ID MUST BE A VALID MTF/CLINIC
DMIS-ID.

OR

IF TIDEWATER PRIME ENROLLEE
ENROLLMENT STATUS CODE MUST NOT = "E"
FROM SEPTEMBER 1, 1997 FORWARD ON NEW CLAIMS.

2-211-05R CONVERSELY,

IF BEGIN DATE OF CARE ≥ 10/1/97

AND

IF PCM LOCATION DMIS-ID = 6501 (TIDEWATER)
ENROLLMENT STATUS CODE MUST = "U"

OR

IF PCM LOCATION DMIS-ID = VALID MTF/CLINIC DMIS-ID
ENROLLMENT STATUS CODE MUST = "Z" OR "BB"

NOTE:

A VALID MTF/CLINIC DMIS-ID MEANS ONE THAT MATCHES THE DoD CATCHMENT AREA
DIRECTORY (CAD).

Element Name: **Number of Payment Reduction Days/Services (2-212)**

Validity Edits

2-212-01 MUST BE NUMERIC.

Relational Edits

Related to Element	Edited Element Relationship	Also Relates to Element(s)
REASON FOR PAYMENT REDUCTION	SEE BELOW	ENROLLMENT STATUS
NUMBER OF PAYMENT REDUCTION DAYS/SERVICES	SEE BELOW	

Edited Element Relationship

2-212-02R IF REASON FOR PAYMENT REDUCTION IS NOT EQUAL TO BLANK.
 NUMBER OF PAYMENT REDUCTION DAYS/SERVICES MUST BE GREATER THAN ZERO.

Non-Institutional Edit Requirements

Element Name: Procedure Code (2-290)

Validity Edits

N/A

Relational Edits

Related to Element	Edited Element Relationship	Also Relates to Element(s)
PROCEDURE TEXT IDENTIFIER	SEE BELOW	
PATIENT DATE OF BIRTH	SEE BELOW	
PATIENT SEX	SEE BELOW	OVERRIDE CODE
PROVIDER MAJOR SPECIALITY	SEE BELOW	TYPE OF SERVICE
PRINCIPAL TREATMENT DIAGNOSIS	SEE BELOW	ENROLLMENT STATUS, OVERRIDE CODE, AMOUNT ALLOWED BY PROCEDURE CODE, TYPE OF SUBMISSION, FILING DATE
DENIAL REASON CODE	SEE BELOW	
PROGRAM INDICATOR	SEE BELOW	
DATE HCSR PROCESSED TO COMPLETION	SEE BELOW	BEGIN DATE OF CARE

Edited Element Relationship

2-290-02R PROCEDURE CODE MUST BE VALID FOR PROCEDURE TEXT IDENTIFIER. IF PROCEDURE TEXT IDENTIFIER = 4, PROCEDURE CODE MUST BE A VALID CPT-4 CODE OR AN TMA APPROVED CODE (SEE THE ADP MANUAL, CHAPTER 2, ADDENDUM F). IF PROCEDURE TEXT IDENTIFIER = 8, PROCEDURE CODE MUST BE A VALID AMERICAN DENTAL ASSOCIATION (ADA) PROCEDURE CODE.

2-290-03R FOR ORIGINAL SUBMISSIONS: DATE HCSR PROCESSED TO COMPLETION MUST BE ON OR AFTER THE PROCESSING EFFECTIVE DATE AND BEFORE THE PROCESSING TERMINATION DATE (FOR THAT PROCEDURE CODE) ON THE PROCEDURE CODE DATABASE TABLE.
FOR ADJUSTMENT/CANCELLATION SUBMISSIONS: DATE HCSR PROCESSED TO COMPLETION MUST BE ON OR AFTER THE PROCESSING EFFECTIVE DATE (FOR THAT PROCEDURE CODE) ON THE PROCEDURE CODE DATABASE TABLE.

BEGIN DATE OF CARE MUST BE ON OR AFTER THE CARE EFFECTIVE DATE AND BEFORE THE CARE TERMINATION DATE OF THE VALID DATE HCSR PROCESSED TO COMPLETION ENTRY ON THE PROCEDURE CODE DATABASE TABLE.

UNLESS

SPECIAL PROCESSING CODE = MS MEDICARE SUBVENTION/TRICARE-SENIOR PRIME

¹ USE PROCEDURE CODE DATABASE FOR TABLE OF PROCEDURE CODES THAT ARE NOT AN ALLOWABLE BENEFIT. SEE EDIT 2-290-03R

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Non-Institutional Edit Requirements

Element Name: Procedure Code (2-290) (Continued)

NOTE

DENIED PROCEDURES ARE EDITED AGAINST THE TABLE ENTRY FOR THE VALID DATE HCSR PROCESSED TO COMPLETION AND BEGIN DATE OF CARE. PROCEDURES MAY BE DENIED (GOVERNMENT PAY INDICATOR = NO) ON ONE TABLE ENTRY, AND ALLOWED (GOVERNMENT PAY INDICATOR = YES) ON ANOTHER TABLE ENTRY. SEE EDITS 2-290-04R AND 2-290-05R.

2-290-04R IF ENROLLMENT STATUS NOT = A, B, C, OR K (PRIME) AND PROCEDURE CODE IS A DENIED¹ PROCEDURE CODE, DENIAL REASON CODE MUST BE PRESENT AND AMOUNT ALLOWED BY PROCEDURE CODE MUST BE = ZERO

WHEN

TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	D	COMPLETE DENIAL

OR

TYPE OF SUBMISSION	A	ADJUSTMENT
	C	COMPLETE CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE

ELSE

TYPE OF SUBMISSION	B	ADJUSTMENT NON-HCSR DATA
	E	CANCELLATION NON-HCSR DATA

OR

TYPE OF SUBMISSION	A	ADJUSTMENT
	C	COMPLETE CANCELLATION

WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE

THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST BE ≤ ZERO

UNLESS

SPECIAL PROCESSING CODE = MS MEDICARE SUBVENTION/TRICARE-SENIOR PRIME

2-290-05R IF ENROLLMENT STATUS = A, B, C, OR K (PRIME) AND PROCEDURE CODE IS A DENIED¹ PROCEDURE CODE, DENIAL REASON CODE MUST BE PRESENT AND AMOUNT ALLOWED BY PROCEDURE CODE MUST BE = ZERO

WHEN

TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	D	COMPLETE DENIAL

¹ USE PROCEDURE CODE DATABASE FOR TABLE OF PROCEDURE CODES THAT ARE NOT AN ALLOWABLE BENEFIT. SEE EDIT 2-290-03R

Non-Institutional Edit Requirements**Element Name: Procedure Code (2-290) (Continued)****OR**

TYPE OF SUBMISSION

A ADJUSTMENT

C COMPLETE CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR_s STORED ON THE DATABASE**ELSE**

TYPE OF SUBMISSION

B ADJUSTMENT NON-HCSR DATA

E CANCELLATION NON-HCSR DATA

OR

TYPE OF SUBMISSION

A ADJUSTMENT

C COMPLETE CANCELLATION

WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSR_s STORED ON THE DATABASETHEN AMOUNT ALLOWED BY PROCEDURE CODE MUST BE \leq ZERO.**UNLESS** OVERRIDE CODE = Z (ENHANCED BENEFIT)**UNLESS**

OVERRIDE CODE = Z

Z ENHANCED BENEFIT

SPECIAL PROCESSING CODE =

MS MEDICARE SUBVENTION/TRICARE-SENIOR PRIME

2-290-06R

PROCEDURE CODE MUST BE CONSISTENT WITH PATIENT SEX. IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE APPROPRIATE OVERRIDE CODE: IF PROCEDURE CODE = MALE (AND **NOT** FOR CIRCUMCISION AND PRINCIPAL/SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY) AND PATIENT SEX = FEMALE, OVERRIDE CODE MUST = H; IF PROCEDURE CODE = FEMALE AND PATIENT SEX = MALE, OVERRIDE CODE MUST = G.

2-290-07R

PROCEDURE CODE MUST BE CONSISTENT WITH DATE OF BIRTH (AGE). PROCEDURES WHICH ARE RESTRICTED TO CERTAIN AGE GROUPS (i.e., NEWBORN) MUST BE VALID FOR THE PATIENT'S AGE. IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE USE OF OVERRIDE CODE 'R'.

2-290-08R

IF PROGRAM INDICATOR = D (DRUG)
PROCEDURE CODE MUST BE = 98800.

2-290-09R

IF PRICING CODE =.

6 MEI ADJUSTED PREVAILING PRICE,
PRIMARY CAREK CHAMPUS CLAIMCHECK-ADDED PROCEDURE,
MEI ADJUSTED PREVAILING PRICE,
PRIMARY CARE

PROCEDURE CODE MUST BE MEI PRIMARY PROCEDURE CODE

2-290-10R

IF PROCEDURE CODE = 06896, 98320, 98550, 98551, 98552, 98553, 98554, 98555, 98556, 98557, 98558, **OR** 98559;
PROGRAM INDICATOR MUST = "H" (PROGRAM FOR PERSONS WITH DISABILITIES)

2-290-11R

IF TYPE OF SERVICE = "I" (INPATIENT)
PROCEDURE CODE MUST NOT BE FOR OUTPATIENT ONLY CARE.

2-290-12RIF PROCEDURE CODE = 90892, 90893, 90894, 90895, 90896, **OR** 90897

¹ USE PROCEDURE CODE DATABASE FOR TABLE OF PROCEDURE CODES THAT ARE NOT AN ALLOWABLE BENEFIT. SEE EDIT 2-290-03R

Element Name: Procedure Code (2-290) (Continued)

SPECIAL PROCESSING CODE
MUST =

WR MENTAL HEALTH WRAPAROUND
DEMONSTRATION

¹ **USE PROCEDURE CODE DATABASE FOR TABLE OF PROCEDURE CODES THAT ARE NOT AN ALLOWABLE BENEFIT. SEE
EDIT 2-290-03R**

Non-Institutional Edit Requirements**Element Name: Amount Allowed by Procedure Code (2-306) (Continued)**OR

TYPE OF SUBMISSION

A ADJUSTMENT

C COMPLETE CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.

2-306-06R AMOUNT ALLOWED BY PROCEDURE CODE MUST BE = TOTAL CHARGES BY PROCEDURE CODEWHEN

PRICING CODE

4 PAID AS BILLED

IN THE CORRESPONDING
DETAIL OCCURRENCE =I CHAMPUS CLAIMCHECK-ADDED PROCEDURE, PAID
AS BILLEDWHEN

TYPE OF SUBMISSION

I INITIAL SUBMISSION

R RESUBMISSION OF ERROR REJECT

O ZERO PAYMENT

F ADJUSTMENT NEW SUFFIX

D COMPLETE DENIAL

OR

TYPE OF SUBMISSION

A ADJUSTMENT

C COMPLETE CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.

¹ THIS EDIT APPLIES TO PRIME, NON-PRIME (EXTRA), AND STANDARD CHAMPUS (CRI AND FI).

Chapter 6

Non-Institutional Edit Requirements

Element Name: Pricing Code (2-309)

Validity Edits

- 2-309-01 MUST BE VALID VALUE OF '0', '1', '2', '3', '4', '5', '6', '7', '8', '9', 'A', THRU 'O', 'P', 'Q', 'R', 'U'.

Relational Edits

Related to Element	Edited Element Relationship	Also Relates to Element(s)
DENIAL REASON CODE	SEE BELOW	
PROGRAM INDICATOR	SEE BELOW	
AMOUNT ALLOWED BY PROCEDURE CODE	SEE BELOW	TYPE OF SUBMISSION, FILING DATE

Edited Element Relationship

2-309-02R PRICING CODE MUST BE ZERO WHEN DENIAL REASON CODE IS PRESENT (NOT BLANK).

2-309-03R IF PROGRAM INDICATOR D DRUG
PRICING CODE MUST BE ZERO.

2-309-04R PRICING CODE MUST NOT BE ZERO WHEN DENIAL REASON CODE IS BLANK
UNLESS

PROGRAM INDICATOR D DRUG
2-309-05R IF AMOUNT ALLOWED BY PROCEDURE CODE = ZERO, PRICING CODE MUST = ZERO, FOR THAT DETAIL OCCURRENCE.

WHEN

TYPE OF SUBMISSION	I INITIAL SUBMISSION
	R RESUBMISSION
	O ZERO PAYMENT
	F ADJUSTMENT NEW SUFFIX
	D COMPLETE DENIAL

OR

TYPE OF SUBMISSION	A ADJUSTMENT
	C COMPLETE CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.

2-309-06R PRICING CODE MUST NOT = 9 IN ANY DETAIL OCCURRENCE AFTER THE FIRST.

2-309-07R IF PRICING CODE =

- C AMBULATORY SURGERY-FACILITY PAYMENT RATE
- D DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE
- E AMBULATORY SURGERY-PAID AS BILLED
- P CHAMPUS CLAIMCHECK-ADDED PROCEDURE, AMBULATORY SURGERY-FACILITY PAYMENT
- Q CHAMPUS CLAIMCHECK-ADDED PROCEDURE, DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE
- R CHAMPUS CLAIMCHECK-ADDED PROCEDURE, AMBULATORY SURGERY-PAID AS BILLED

AND

AMOUNT ALLOWED > 0

Non-Institutional Edit Requirements

Chapter

6

Element Name: Pricing Code (2-309) (Continued)

2-309-08R SPECIAL PROCESSING CODE MUST
BE ? AMBULATORY SURGERY-FACILITY CHARGE
IF PRICING CODE = U MEDICARE REIMBURSEMENT USED
THEN
SPECIAL PROCESSING CODE MUST
= MS MEDICARE SUBVENTION/TRICARE-SENIOR PRIME

